

Incident Report

Print Date/Time: 05/11/2016 11:10

Login ID: ss0139 Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00008811

Incident Date/Time: 5/10/2016 6:39:41 AM Location:

7330 20TH ST SE

LAKE STEVENS WA 98258

Phone Number: (425) 309-3377 Report Required: No

Prior Hazards: No LE Case Number:

Incident Type: Collision

Venue: Lake Stevens

Source: 911 Priority: 3 3 Status:

Nature of Call:

Unit/Personnel

Unit Personnel

19D2 SS0133-Heinemann 19D3 SS0130-Rutherford

Person(s)

No. Role Name Address Phone Race Sex DOB

1 Reporting Party BLIGHT, ED

Vehicle(s)

Role Year Make Model Color State Type License

APR5472 Involved Vehicle Involved Vehicle AWP1061

Disposition(s)

Disposition Count 1

R

Property

Date Code Type Make Model Description Tag No. Item No. 05/10/2016: 06:40:42 SP0321 Narrative: 2 VEH, NON INJ, BLKING WB, SIL PC AND BLU PC.

	COLLISION DEDODT	3 27
	INTERSTATE CITY STREET CITY STREET CITY STREET 201600008811	
1 1	STATE ROUTE OTHER STOLEN CODING LOCAL AGENCY CODING	
2 1	COUNTY RD PRIVATE WAY INVOLVED INVOLVED INTOTAL # OF OBJECT 1	8 28
₃ 1	THIBAL UNITS 02 STRUCK M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#	
	DATE OF COLLISION 05 - 10 - 2016 0639 31 N S W OF 0664 3	
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION V 20TH STREET SE BLOCK NO. V 7300 0	1
4a	DISTANCE OF (REFERENCE OR CROSS STREET)	1 29
5	200 00 MILES N E 74TH DRIVE SE	
	UNIT 01 MOTOR PEDAL-CYCLE DAMAGE THRESHOLD MET PHONE PHONE	7 30
6 2	LAST NAME MURPHY FIRST NAME DAVID MIDDLE INITIAL M	
	STREET NEW ADDRESS 4238 RHODORA HEIGHTS ROAD	
7	CITY LAKE STEVENS ST WA ZIP 98258 1 1	2 31
8	CDL RESTRICTIONS ENDORSEMENTS 2	
9 9	DRIVER'S LICENSE # MURPHDM245LF STATE WA SEX M D.O.B. MMDDYYYYY 06 _ 06 _ 1976	
10 9	ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE INJURY 1 NATURE OF INJURIES	2 32
11 3 5	LICENSE PLATE # WA VIN# 1G8AF52F43Z122971	
12 3 5	TRAILER PLATE # STATE STATE STATE	
13 4	VEH. YEAR 2003 MAKE STRN MODEL ION4D STYLE 4D VEHICLE TOWED BY TOWED BY VEHICLE TOWED BY STYLE 4D VEHICLE TOWED BY VEHICLE TOWED BY VEHICLE NO. 1	7 33
14 4	SHADE IN DAMAGED AREA FROM	9 34
15 1	VEHICLE LEGALITY YES NO CITATION # CHARGE	
16 1	UNIT 02 MOTOR PEDAL- PEDESTRIAN PROPERTY OWNER PHONE PHONE	35
	LAST NAME DYER FIRST NAME MICHAEL MIDDLE INITIAL R	36
17	STREET NEW ADDRESS 10416 24TH ST SE	37
18	CITY LAKE STEVENS ST WA ZIP 982585662	38
19	CDL RESTRICTIONS ENDORSEMENTS	40
20	DRIVER'S LICENSE # DYER*MR201KB STATE WA SEX M D.O.B. MMDDYYYY 05 - 02 - 1980	
21	ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE CLASS 1 NATURE OF INJURIES	
22	LICENSE PLATE # APR5472 STATE WA VIN# 1G1AM58B967846759	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE 1	41
24	VEH. YEAR 2006 MAKE CHEV MODEL COB4D STYLE 4D VEHICLE TOWER TOWED BY GOVERNMENT OF THE TOWER OF	42
	REGISTERED OWNER INFO. OWNED BY DRIVER LIABILITY INSURANCE CO ALLSTATE 976810800 IN PEFFCT IN P	
25	IABILITY INSURANCE V INSURANCE CO ALLSTATE 976810800 NEFFECT VEHICLE YES N M CITATION # CHARGE TO BOTTOM BY TO BOTTOM TO BOTTOM BY TO BOTTO	
25	OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY WA0311900 R. RUTHERFORD 130 WA0311900	
	PART A 3000-345-159 R (7/06)	





CORRECTION

REPORT NO.

E542057

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1	972	!		

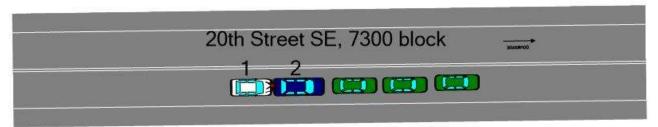
201600008811

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		ADDI [*]	TIONAL PER	SONS INVOLV	/ED (PASSEN	GERS AND	OR WITN	ESSE	S ONI	LY)				
NAME (LAST, FIRST, MIDDLE	INITIAL)													
ADDRESS & PHONE #	'						SEX		D.O. MMDDY	B. YYYY		_		
PASSENGER	WITNESS UNIT #		SEAT POS.	AIRBAG	RESTR.	EJECT	HEL U:	MET SE		INJURY CLASS		NATURE OF IN	JURIES	
NAME (LAST, FIRST, MIDDLE	INITIAL)													
ADDRESS & PHONE #							SEX		D.O. MMDDY	B. YYYY	_	_		
PASSENGER \(\big \)	WITNESS UNIT #		SEAT POS.	AIRBAG	RESTR.	EJECT	HEL U:	MET SE		INJURY CLASS		NATURE OF IN	JURIES	
NAME (LAST, FIRST, MIDDLE	INITIAL)													
ADDRESS & PHONE #							SEX		D.O. MMDDY		_	_		
PASSENGER \(\square\)	WITNESS UNIT #		SEAT POS.	AIRBAG	RESTR.	EJECT	HEL U:	MET SE		INJURY CLASS		NATURE OF IN	JURIES	
				N	IARRATI\	/E								
NARRATIVE I responded to a two vehicle no-injury collision in the 7300blk of 20th Street SE. Upon arrival, I observed two vehicles on the north shoulder of the roadway. Vehicle 1 had heavy front end damage. Driver of vehicle 1 said that he was following vehicle 2 westbound on 20th Street SE. Vehicle 1 driver said that there was heavy traffic and he checked his rear view mirror and was blinded by the rising sun. When driver 1 looked back to the roadway, traffic had stopped. Driver of vehicle 1 was unable to stop and rear ended vehicle 2. There were no reported injuries and vehicle 1 driver arranged for his own tow.														
CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085) R. RUTHERFORD 05-10-16 03:14 PM														
	FICER'S SIGNATURE		UNIT OR DI	ST. DET	DATED			PLAC	E SIGN	NED				
APPROVED BY							DATE 5/1	0/201	6 5:0	6:49 PM				
M. HINGTGEN 01	26													
BADGE OR ID #	130	ORI#	WA0311900			TIME POLICE D	DISPATCHED	6:41	АМ		TIME P	OLICE ARRIVE	6:45 AM	

REPORT NO. E542057

CASE# 201600008811 DATE AND TIME 05/10/16 06:39





NOT TO SCALE